MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/508059

10/598958

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 **AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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PTO - 1360 (REV. 04/2007)

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TOTAL IND.	0	•	0	•	0	•
TOTAL DEP.	0	4	0		0	4
TOTAL CLAIMS	0		O TMENT of C	The second secon	0	

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